Youth For Tomorrow
Joe Gibbs Founder
OUTPATIENT SERVICES

14000 Crown Court, Ste. 101
Woodbridge, VA 22193
Phone # 703-396-7215
Fax # 571-285-5686

9720 Capital Court, Ste. 302
Manassas, VA 20110
Phone # 703-396-8618
Fax # 571-364-8913

7130 Heritage Village Plz, Ste. 102
Gainesville, VA 20155
Phone # 571-921-4812
Fax # 703-743-1688

6800 Backlick Road, Ste. 300
Springfield, VA 22150
Phone # 703-310-7449
Fax # 866-295-9344.

CLIENT CONTACT INFORMATION SHEET

1. **Name**:______________________/______________________/____________/__________
LAST FIRST MIDDLE INITIAL SUFFIX

2. **Social Security #**: ______________________________

3. **Gender**: ____________________

4. **Address**: ____
STREET
______________________/______________________/______________________
CITY STATE ZIP

5. **Date of Birth**: __________/__________/__________ **Age**: __________
MONTH DAY YEAR

6. **Telephone Numbers**: ______________ ______________ ______________
INCLUDE AREA CODE HOME WORK CELL / OTHER

7. **Check if Youth For Tomorrow may leave voice messages at the phone numbers provided** _____Yes_____No
*If you do not want Youth For Tomorrow to leave voice messages please provide an alternate phone on which we may leave a message: ______________________

8. **Race** (please identify): ____________________**Ethnicity**: ______________________

9. **Marital Status**: _______Never Married _______Married _______Separated _______Divorced _______Widowed

10. **Are you Pregnant?** ___Yes ___No

11. **Emergency Contact**:______________________/______________________/______________________
Name Relationship Home Phone# (include area code)
____/______________________
Address (if different) (Street) (City) (State/Zip) Work Phone # (include area code)

12. **Primary Caregiver**:______________________/______________/______________________
(if under age 18) Name Relationship Home Phone# (include area code)
____/______________________
Address (if different) (Street) (City) (State/Zip) Work Phone # (include area code)

13. **If the Client is a Minor**, is there any other individuals(s) that has legal custody (rights) of said client of any kind? __Yes __No
- If "Yes": Is the additional individual(s) who has legal rights in regards to this minor, fully in support of the aforementioned minor receiving mental health treatment services with Youth For Tomorrow? __Yes __No
- If "Yes": Please provide the following information regarding said individual:

a. (print):______________________ /______________________/______________/______________
Name Relationship Contact Phone# Fax # (include area code)

b. Explanation of the legal custodial arrangement for the minor: ______________________________
____
____

14. **If the Client is a Minor**, please list: a. School attended: ______________________ b. Grade ______________

15. **If the Client is an Adult,** is there a Legally Authorized Representative or Court Appointed legal guardian? __Yes __No

If yes, please complete (print):______________________/______________/______________/______________
Name Relationship Contact Phone# Fax # (include area code)

ACKNOWLEDGMENT OF RIGHT FOR PARENTS OF MINOR CHILDREN

I understand that pursuant to Virginia Code 54.1-2969(E), my minor child shall be deemed an adult for the purpose of consenting to medical or health services needed in the case of outpatient care, treatment, or rehabilitation for mental illness or emotional disturbance.

16. Military

__No Military Status __Active Duty __Armed Forces Reserve

__National Guard __Armed Forces or National Guard Retired __Armed Forces or National Guard Discharged (any type)

__Dependent Family Member of Armed Forces or National Guard

17. Insurance ______________________________/____________________/____________________

Primary Insurance Provider / Medical ID # / Group #

18. I have been given a copy of the YFT Orientation Packet, including Notification of my Rights and Privacy Notice.
(Sign and date below.)

____/____________________

Signature of Responsible Party **Date**